

ON
THE USE AND ABUSE
OF
THE PESSARY.

BY JOHN T. SHARPLESS, M.D.,
OF PHILADELPHIA.

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In the year 1826, I published a paper in the Philadelphia Journal of the *Med. and Phys. Sciences* of this city, in which I enumerated a series of morbid symptoms which I considered depended upon a descent of the uterus from its natural position. At that time, the generality of physicians approved of mechanical means to restrain, and even cure, acknowledged cases of that disease. The point of my paper was simply to designate particular combinations of symptoms that I thought depended on such a source of irritation, whilst the mass of the medical public were not aware of the true cause, and also to recommend the oval or notched pessary (although not a new shape) for particular cases. Since that time, many very respectable physicians have denied that prolapsus was the immediate cause of certain well-known symptoms: and when that disease became nearly or quite self-evident, discarding the pessary entirely, they have depended on rest, &c., for the cure, or the application of a simple bandage to retain the organ in the vaginal cavity.*

With these discrepancies in medical belief and practice, it is of the first importance to suffering female humanity to determine, if possible,

Firstly: *What causes can produce certain symptoms, usually considered, as dependant upon what is termed PROLAPSUS UTERI?*

Secondly: *Under what circumstances can these symptoms be relieved by mechanical means, and which are the best inventions for the purpose?*

It has become a melancholy truth, that through the operation of climate, habits, or other causes, the females of our country have become, of late years, exceedingly subject to uterine affections. When in Europe two years since, I took some trouble to learn if such diseases were on the increase in that part of the world, and if they could possibly be as rife as with us. From what I ascertained, on the best medical authority in London and Paris, I was induced to

* Doctor P. K. Eve, in an essay in the *South. Med. and Surg. Jour.*, condemns the use of the pessary entirely, and cannot conceive of any case requiring such a mean of cure. In aid of his opinion, which he acknowledges is founded upon no experience of his own, having never used one, he adduces the evidence of some of the very respectable physicians of the south, several of whom condemn them, and others think their employment has been much abused. The argument and most of the evidence merely prove the latter opinion, and that, like many other invaluable remedial agents, the pessary is in the *descendent*, and becoming unfashionable, and therefore will be soon entirely useless. The positions of Doctor Eve are, I think, entirely disproven in a reply by Doctor Antony, one of the editors of the Journal.

believe, that, although those maladies were very frequent, and cancerous ones more common than with us, yet the proportion of uterine affections was less than in the United States. What the causes are that produce these destroyers of female health and comfort in our country, it would be difficult to ascertain; but, from the frequency with which we see several members and even generations of a family afflicted with them, it would seem, either, that the germ of disease, or a conformation that was peculiarly susceptible to the operation of causes to produce or develop the malady, was hereditarily transmissible.

The latter is the principal that can be said of what is called hereditary phthisis, and the same tubercular diathesis that generates consumption in one member of a family, will produce chronic diarrhœa, chronic hepatitis, disease of the spine, or uterine derangements in others.

Curious as it may seem, our trans-Atlantic growth, or culture, has effected considerable change in the actual shape and proportion of various parts of our system, as indicated, by Cuvier, in the shortening of the upper eye-lid, and as I have observed myself, and no doubt others have done the same, in the contracted chest of our females, whilst the cavity of the pelvis is enlarged, with an increased distance between the hip and lower ribs.

A fruitful secondary cause of uterine diseases, is, I fully believe, the system of tight dressing, with a stiff or even unyielding "bone" in front. The unnatural compression in *all* cases, of the internal organs by these "*straight jackets*" is easily understood, whilst the support below being lessened by the increased cavity of the pelvis, and a diminution of the usual lateral protection by the width of the unribbed flank, (mentioned above as a peculiarity,) render the lower viscera more likely to be forced down, and in this confined or even compressed condition, they become, of course, more subject to disease. It is this *lateral* compressibility that gives our American ladies the reputation, over the world, for beauty of waist. Even the *front* bone is no doubt a source of mischief, for, in stooping, it presses into the abdomen just above the pubis, and its replacement, after apparent cure of the Irritable Uterus, has, in several instances in my practice, produced serious relapses. For months, therefore, after *all* manifest disease has disappeared, I forbid the restoration of the "bone," or of lacing the jacket below the true ribs.

A very frequent cause of chronic uterine disease is, too early maternity, and I think I am safe in saying, that a majority of marriages under seventeen or even eighteen years of age in the female, is followed by some such derangement. The reason is easily understood. The immature female structure is called upon to perform a duty, in a feeble condition, that should only belong to a full development and perfection of health and strength, that, in our climate, does not appertain to that age.

I now come to the FIRST regular division of my subject, or, *What causes can produce certain symptoms, usually considered, as dependant upon what is termed PROLAPSUS UTERI?*

These symptoms of prolapsus are fully detailed in my essay referred to, and *most of them* can be found in other works on the same subject.

No physician has, I believe, the temerity to deny the existence of *all* these symptoms in various cases; the opposers of the pessary merely dispute a "*falling of the womb*" as the cause; for, say they, "*we find all these very com-*

plaints when there is no perceptible certain displacement, as determined by the touch, and in cases where the uterus has descended considerably, and has even appeared externally, there are often no such symptoms found." Let us, for a moment, inquire, what is the natural situation or elevation of the womb, and how can any man determine, in many cases, by the finger or any other means, *when* a morbid descent *has* occurred.

During many years of extensive practice, with my attention particularly directed to uterine derangements, I have very often found myself utterly at a loss to say whether the organ was in its natural position or not. Anatomists inform us that the os uteri is found *about* three inches from the external orifice. Now, I am certain that I have felt the uterus, that appeared to be healthy in *all* its relations, less than two inches, and in other cases nearly four inches, from the os externum; and this difference depending on the size of the pelvis, a deep and narrow chamber holding the uterus higher than one that is shallow and wide. This latter description of cavity is more generally associated with "real prolapsus" and easy labors, whilst the former is prone to produce, by its contraction, the more active diseases of the womb.*

The majority of index fingers are about three inches in length; and it depends, very much, upon the position of the patient and her fleshiness, if we can reach an uterus that is three inches from the opening. This is sometimes impossible, unless the limbs are much flexed, and some force employed. Moreover, what do we gain by a horizontal examination, unless adhesions have bound the organ to its unnatural situation. By getting the patient to strain moderately, or cough, we can form some idea of its ability to descend; but an upright posture of the body with the limbs *together* and flexed—as sitting with one limb entirely *over* and the other *on* the edge of a chair, and which allows the examination to take place with the patient's back to us, and therefore in as delicate a manner as when in bed, can alone determine its relations during walking. Granting, therefore, the positions of the *Antipessareans*, it will be difficult for them to prove, in many cases, that there was, or was not, an unnatural descent. Suppose a case. We have a certain set of painful symptoms—examination finds the womb one or two, or even three inches from the external opening; there is no enlargement, or engorgement, or tenderness, or indeed any indication of local *disease*; what shall we call it, and how treat it? A name does nothing but convey an idea, and if we expel from our practice a mean of almost *certain* relief in *such cases*, merely because it does not *always* cure and may *sometimes* do harm, we might extend the reform to all the materia medica. I *never* use a pessary for *Prolapsus Uteri alone*. It must bring with it a cortège of pains and distresses, for which I prescribe. I care little where the uterus may be, unless I find from its position externally,

* It has been doubted by many physicians, that prolapsus, without enlargement of the uterus, could occur in virgins, from the naturally contracted and firm state of the vagina; but I have certainly, on several occasions, found the os *tincae* of an uterus of natural size within one inch, during uprightness, of the internal labiæ, and at this moment I have a patient with an os externum so contracted that the finger enters with difficulty, and the uterus is met in half an inch from the labiæ even in a recumbent posture. If an uterus in that situation, and accompanied by all the usual symptoms of "falling," can be called prolapsed, there is no question of the existence of such a lesion in virgins; but I have never met with such a case without great *irritation* being found in the uterus and vagina. The displacement in these cases probably occurred from a violent exertion, and the irritation, from the compressed situation of the organ.

that *disease* will soon follow, and I then merely use a bandage and pad or other contrivance of the kind to retain it in the vaginal cavity. It is the symptoms, commonly considered as dependant on prolapsus, that demand attention, whether there be apparent "falling" or not. These very symptoms are *often* found where there is no physical reason to believe there is a true "falling." This has occurred in my practice many times, and where I could find neither in the spine, nor elsewhere, any satisfactory cause for the distress. In these cases, recumbency entirely relieved, as it does in prolapsus. Now, what can be the source of all these pains? I would say, it arose from a neuralgic,* or an irritated condition of the upper supports of the organ, or of the surrounding parts, by which neither the *ordinary* weight nor motions could be borne without the production of distress. We all know the excitability and extended influence of the Sympathetic nerve, and how closely its interests and peace are interwoven with those of the viscera of the pelvis. It requires but little to arouse it, and when affected its turbulence is felt to the extremities. The Spine should never be neglected in these cases, as there is a reciprocal sympathy between *it* and the contents of the pelvis. This Neuralgia may also be found in the body or neck of the uterus, and will simulate every evidence of "falling." There is usually great tenderness on pressure, and perhaps some tumefaction *per vaginam*, and it will sometimes come on as suddenly as a blow, and produce the most violent torture. I have recently had an instance in a married lady of seventeen years of age, where a strain in the performance of fæcal duties brought on excessive agony. Examination-internally detected great tenderness, but no displacement, and some hours elapsed before relief, when the uterus had ceased to be painful to the touch. Neuralgia of the uterus may become chronic, and be relieved, or not, by recumbency. It may also extend to, or be found alone in, the vagina, and produce the same symptoms, and from nearly the same cause as when in the ligaments, it not being able to bear the weight and movements of the superincumbent organ. There is sometimes a thickened and extremely painful condition of the whole perinæal mass, which does not depend on inflammation or its consequences, but pressure upon it by the finger from within outwards is often agonizing. The weight of the viscera upon this tender flooring is almost insufferable, and be felt over all the lower body. All the various Engorgements and Indurations, whether acute or chronic, of the body and neck, will assume most of the phenomena of prolapsus, and which do not appear to depend entirely upon the depression that the increased size and weight of the viscus would naturally produce. I presume nervous irritation to be the cause in a great measure.

The ordinary superficial ulcer of the os tincæ (as discovered by the speculum) I have known, often, to cause the most extended abdominal and spinal distress, and even to give that curious pain under the ribs which has been considered almost pathognomonic of prolapsus. That the ulcer was the cause, was proven by the removal of all discomfort, by its healing, whilst absolute rest, astringent

* I mean by *Neuralgia* that nervous tenderness that is independent of inflammation. It may attack a part sensibly organically diseased, or may be found in structures *apparently* in perfect health. The nerves, in these cases, may remain morbidly sensitive for a long time, and yet not affect the blood-vessels, producing neither thickening nor redness. *Irritation* is the first stage of inflammation, and cannot exist without producing a change of structure to a certain extent. This stage may exist a long time, and yet develop little of the *active* inflammatory character.

washes, and the pessary had entirely failed. I have also met with cases, where a loose, flattened tumor, conveying the idea of an ovary, could be felt *very* high up, sometimes on both sides, pressure upon which gave excruciating pain that darted up to the flank just above the hip, particularly on the left side. I can also recall several instances, and one in particular that occurred last spring in a lady from New York, where excessive abdominal and pelvic distress had been felt for years, and where, upon examination by the touch, the *only* indication of disease that could be found, was the existence of several extremely tender glands or tumors of the size of peas between the uterus and just below the projection of the sacrum.

An irritable or inflamed bladder, with or without the presence of a stone, will simulate prolapsus.

I have had under my care a case where the descriptive symptoms induced several of the most eminent surgeons and physicians of our city, including Doctors Physick and Dewees, to consider it a decided uterine disease of some kind; but where, upon examination, that organ and its immediate connections were found sound and in place. The urethra was at last discovered to be the seat of the evil, and the application of caustic to its entire inner membrane by Dr. G. M'Clellan has now nearly removed the most distressing suffering that could well be conceived, and which had defied, for several years, the most elaborate plans of practice.

SECONDLY: Under what circumstances can these symptoms be relieved by mechanical means, and which are the best inventions for the purpose?

Where a pure, uncomplicated prolapsus occurs, attended by the usual painful indications, the proper employment of a suitable pessary will, in a very great proportion of cases, remove most, if not all, of the symptoms; and unless age, or the long duration of the disease, or absence of general health prevent, it will, with good management on the part of the patient, in time, often entirely cure. Confinement for months, injections of various kinds, &c., although occasionally useful, I believe, are far less successful in the result. I have fully tried almost every plan of practice that has been proposed, and am assured that the proper use of a pessary is not only the least disagreeable, but the happiest in its effect of any mode of cure thus far discovered.* I have seen cases that from idiosyncrasy could not bear the constant presence of a foreign body in the vagina, although the indications for its use were manifest. Here, palliatives or other plans of relief become the only resource. The truth is, there are few cases even of simple displacement that will bear a pessary without some preparation, and the great error has been in their indiscriminate employment, and without the preliminary treatment. I presume, most physicians, whose attention has been drawn to uterine diseases, have observed that there are fewer cases of uncomplicated prolapsus *now* than there were a few years since, and the more serious engorgements, &c., have succeeded.

* There is a restless, dissatisfied temperament occasionally met with in the treatment of other diseases, which, after a real suffering for years, allows the imagination of the patient to become so identified with the genuine symptoms of the malady, that when the disease has really gone, the ideal sufferings remain as acute as ever. This is particularly the case in prolapsus, and the patient will often think herself unrelieved, when the indubitable external evidences of perfect health have convinced, to the contrary, every one but herself.

To understand the principle upon which an internal mechanical support relieves, let us inquire, what change takes place in the position of the uterus in prolapsus, and its degrees. When in its natural situation, and the subject standing, it is, I believe, usually found parallel in its long diameter to the line of the sacrum, and therefore points *downward* and *backward* at an angle of perhaps seventy degrees. When it has descended a short distance, it becomes perpendicular; and when it reaches and lies upon the floor of the cavity, it reclines on its back nearly horizontally. When a flat pessary is introduced, if the organ be very high, it is probably not reached by the instrument at all; if half descended, and the pessary resting horizontally, the cup receives the os tincæ at a right angle with its own diameter; and, as the vagina appears to me to be an inverted conical cavity, the instrument ascends, carrying the organ with it, until it reaches a space of its *own* size. Of this fact I am practically well assured, and therefore increase the diameter of the pessary as much as possible without producing pain in the wearing; finding, in a vast many cases, that a large support will ascend almost out of reach and relieve proportionably, whilst, in the same patient, one of less diameter will uselessly rest upon the perinæum. When the viscus lies upon the floor of the cavity, as in the second degree of "falling," the pessary, instead of receiving the uterus perpendicularly, supports it as it lies, nearly across the cup, lifting it from the irritated and irritating membrane, and, although a foreign body, it does often, notwithstanding the outcries of the unbelievers, act like a charm in giving relief. Dr. Dewees once remarked to me, he did not care for the *size* of the instrument, so that it was retained,—a small pessary, if it could be held, relieving as much as a larger one, every condition of descent. In this particular, I take the liberty, however presumptuous, of differing. In his published cases, perfect relief appeared to have been obtained by an instrument, the floor of which, and where the os tincæ would rest in the first degree of displacement, was not more than two lines in thickness; and if the machine did *not* ascend, as I have just supposed it to do with a large pessary, it could only have raised the viscus *that* distance. If the "falling" was in the second degree, the *sides* of the pessary supported the recumbent body, and elevated it their own thickness, which was perhaps half an inch. The benefit from a small pessary, therefore, must have been derived, in a great measure, from a prevention of the friction of the uterus on the sides and bottom of the vagina during its perpendicular and lateral swinging, as in walking, by steadying it, and keeping the irritated surfaces apart, and also by a slight distension of the canal producing a tonic and firmer condition of the inferior uterine support. If the finger be introduced where a small pessary is worn, with the patient in an upright position, the front edge of the instrument can be felt offering at the opening, and ready to start out, and not standing across the pelvis, as many suppose, with the front edge up behind the pubis. It merely lies there supported by the perinæum, and kept from escaping by a contracted os externum. If all vaginæ were of the same shape, the effect of an instrument that would occupy the entire cavity of what should be the *proper* extent of the vagina (as Cloquet designed in his pessary predicated on a cast of the chamber,) and that would have an unvarying point of support, could be reduced to a mathematical certainty; but the instrument is yet to be invented or applied, that will, either by resting against the junction of the uterus

and vagina, or by supporting the viscus itself, hold it in its proper elevation and position, and yet have a firm and unchanging *point d'appui* for itself.*

Neither is the globular form† in accordance with the philosophy of the matter; it gives, moreover, an unnatural obliquity to the neck of the uterus, whilst the depressed globe has never, in my experience, retained the os tincæ in its cavity. I here mean one that is merely depressed on one side, and without any aperture, for a very thick "flat" approaches in its form a globe deeply indented on both sides.

The disrepute that has befallen the pessary, has arisen, in great measure, from our very imperfect knowledge of its *modus operandi*; and, consequently, of its correct form and application. As I have alluded to the subject of my essay of 1826, I will here remark, that a more enlarged experience has satisfied me, that the very cases where I considered the notched or figure-of-eight flat pessary most required, can be managed with less difficulty and danger of displacement by the circular and globular. The *ordinary* flat pessary I consider *almost* useless from its thinness, and therefore select those that are an inch in thickness, with just depression enough to give a bed to the neck ~~sufficient~~ *and* to lead the secretions through the aperture.‡

I will here mention an occasional consequence to the introduction of a pessary that, unless understood, will cause anxiety, and frustration of the benefit of this agent. In prolapses of long standing, with great descent of the organ, the superincumbent viscera, even to the stomach and liver, and perhaps higher, follow the lower supports, and sink below their natural position. When a large globe, for example, is introduced, the uterus is forced upward, and the superior organs are crowded on each other to such a degree, that violent pain in the side, flatulence, swelling, and tenderness of the abdomen, and even difficulty of breathing, have been produced. These annoyances have, in several instances, been so alarming, that I have been solicited to remove the offending body, where a few days of rest have dispelled every unpleasant feeling.

Of Hull's abdominal supporter, and a somewhat similar contrivance of Dr. Annan, of Baltimore, I will merely remark, that where the uterus is disposed to pass through the os externum, or even to press hard upon and distend the perinæum, they are, perhaps, the best external applications that we have; but they

* Dr. Meigs has lately used a pessary, which he considers promising in its effects thus far, somewhat of the shape of the outer frame of a shoe-buckle, but very light, which operates against the posterior junction of the uterus and vagina, and passes up behind the pubis.

Dr. Reynell Coates has placed in my hands for trial a model of another form, which I have not yet employed, but which appears to me well worth the experiment. It will act on the same principle as that of Dr. Meigs.

† When I have occasion to employ a globe, I prefer those of glass, without any aperture, the weight of this shaped instrument being of little consequence, although of much importance in the flat. I can extract them with the greatest ease by a small vectis of my own invention, with a blade of a different rotundity at each end.

‡ The contact of any foreign body with a mucous membrane will usually increase the natural secretion of the part, and hence the introduction of a pessary will be often followed by a discharge. Unless this becomes extreme or diseased, it does not materially interfere with the usefulness of the agent, and an astringent injection will often restrain it. The most effective remedy in all unnatural or increased secretions from mucous surfaces, whether of the vagina or elsewhere, unaccompanied by inflammation, is the solution of the hydriodate of iron in doses of from five to thirty drops, three times a day, according to the strength of the stomach and bowels of the patient.

can *only* retain the organ in the cavity, and, by supporting the fallen viscus, relieve some of the distresses incident to that condition. I consider an abdominal support of great service in many cases where the bowels feel as though the subsidence of the lower viscus had produced an aching void that required pressure to relieve.*

I will now describe other conditions of the organ where I have known the pessary useful.

In great fulness or prolapsus of the vagina, I have seen it do much good. In a case, in this city, there seemed to be almost double the usual quantity of material in the vagina, with the uterus healthy and in its natural position, and yet the patient suffered most of the indications of prolapsus of that organ.

All other applications having failed, a flat pessary was introduced that soon buried itself in the redundant duplications of the canal, and has excited the *vis tonica* in the part so much, that it has shortened itself nearly one half, and with great relief of previous distresses.

In the neuralgic vagina previously mentioned, the sensibility is often so excessive, that an examination to any extent is entirely precluded, and yet there are no evidences of inflammation or change of structure. In these cases, depletory treatment does no good, and although perfect rest and sedative applications partially benefit, the sensitiveness of the part will remain for months. These cases I treat on the principle long practised in the same condition of the rectum and urethra, by the bougie. These I have made of gum elastic of various sizes, and the patient employs them herself, commencing with the largest that she can introduce without much suffering. This is retained until all pain ceases, and when a certain size can be used without *any* inconvenience, the diameter is increased. They should never be introduced unless the patient is recumbent, and great care should be taken to avoid striking the womb, as inflammation might thereby ensue. I occasionally use some sedative ointment upon them† to assist in the relief. In all cases they should be covered by some oily or mucilaginous substance. This treatment is almost a specific for that distressing sensibility that has been found heretofore so difficult to cure, a few days being often sufficient to remove tenderness of several months' duration. To prevent a return of this neuralgic condition, even where there is no prolapsus, a pessary will continue the same principle of action, and should be worn for some time.‡ The bougie is also extremely useful in dilating the os externum in other diseases of the parts, to permit the introduction of a pessary of sufficient size to be of permanent benefit, thereby avoiding the exposure and pain of a frequent change of instrument.§

* A very convenient and easily-constructed arrangement consists in a band of strong muslin sufficiently gored to fit closely over the hips, and reaching from the middle to the lower part of the stomach. Bones may be fixed to keep it spread on the back, and the lacing should be in front, with strong tapes to pass between the limbs to keep it in its place.

† As Opium or Belladonna.

‡ A silver pessary, connected by a wire with a zinc plate placed on the spine, would no doubt be useful in many cases where a galvanic operation would be serviceable. Clark's modification of Saxton's electro-magnetiser has been very beneficial in my hands in these very cases.

§ In cases where leeching the uterus is necessary, there is often great contraction of the external orifice, and the introduction of a tube of sufficient size for that object is prevented. Here, the bougies will soon prepare the parts for all necessary purposes.

In Neuralgia, or irritation of the upper ligaments, where the ordinary weight and motion of the uterus cannot be borne, the pessary, even if it does not reach the organ, steadies and supports the parts so much as to be of great service.

In the cases mentioned of tender glands, or bodies between the uterus and sacrum, the pessary effected a relief of the violent pains, and the tumors disappeared; and although the uterus did not seem, upon the removal of the pessary, to have acquired any permanent increased elevation, the distress has not returned.

A young lady of this city had felt^d annoying abdominal and pelvic pains for several years, which had been believed by her physicians, several having been consulted, to arise from an extremely tender tumor of the size of a pea, near the os urethra, the agony appearing to commence at that point, and extend up into the body. The tumor was removed by Dr. J. R. Barton, with considerable relief. It, however, soon returned, and with it all the previous suffering. Frequent spasms, accompanied by entire loss of consciousness, had afflicted this lady for some years. Upon being called, I discovered an irritable, depressed uterus, which, by suitable treatment, soon lost its painful character, but upon renewed motion many of the former symptoms returned. A pessary was now introduced with immediate relief, the tumor disappeared, and every indication of permanent health has since continued.

In the case of a lady from a far southern state, I found a violently irritable tumor of the size of a filbert surrounding the os urethra, which had been accompanied by the usual annoyances of a real prolapsus for several years, to so great an extent, that she had been confined to her bed on several occasions for months, much to the destruction of her general health. Nothing was done for the tumor, but the uterus was supported by a pessary for five months, with the most triumphant success in removing every disagreeable local as well as general symptom of disease, and among which was a most incorrigible dyspepsia. The pessary was removed after she left my care by a western physician, travelling having excited a slight vaginal inflammation, and she informed me this summer, that there has never been a return of her former ailments, although several years have elapsed since the treatment.

We often find by the speculum* a redness and thickening, or ulceration of the mouth and neck, accompanied by all the afflictions that usually accompany prolapsus. By rest, leeching, and other suitable applications, all the ulceration, and perhaps the redness, will disappear, but the thickening and tenderness will

* Until the employment of this aid to our observation becomes more general and unrestrained in our country, we can never practise in uterine diseases, in that philosophical and successful manner that becomes the medical men of the present day. This prescription for maladies unseen, and I may say, in many cases unknown, although compatible with the delicacy that is perhaps more the pride and ornament of American women than those of any other nation, partakes so much of quackery, and is so often utterly useless, that it becomes the duty of every conscientious practitioner to insist, in all cases where he considers it *absolutely necessary*, to be allowed the evidence of more senses than one. The *manner of solicitation* for, and *practice* of, the *privilege*, will be dictated by the refinement of feeling of every man who has a just appreciation of the modesty of the sex. The speculum I employ, and which I have used in a great number of cases since my return to America, is the bivalve of Doctor Ricord (Paris). He devoted much time to showing me the application and benefit of the instrument, and I witnessed the examination of near one hundred cases of various uterine derangements. It can be used with the most perfect ease, without the *least pain, or exposure of any part* but the mere neck and mouth of the womb, and in no case need a more complicated contrivance be required.

often remain for some time, with a constant liability to relapse. In many instances, with the healing of the ulcer, all sensible inconvenience will be removed; but to protect the delicate cicatrice, and prevent a reëxcitement of the disease, by the friction of the parts, I introduce a mere ring, which does not touch the mouth, but which allows the new surface to harden. This practice I have found of great use. I have even successfully depended on the ring with mild injections to remove some ulcers of long standing.

In Hypertrophy, whether the sequel^a of other disease, or an "exaggeration of nutrition," where the dragging and other symptoms demand particular treatment, there is nothing to compare with the pessary. The prolapsus in these cases is generally from increased weight in the organ.

In a majority of cases of Acute Metritis, after the subsidence of the inflammatory stage, I introduce some mechanical support either of sponge or harder material for a short time, and I am fully assured that the congestions and chronic enlargements that so often remain, may be avoided by supporting the organ. We thus prevent the displacement that would occur from the increased weight, and by giving the patient fresh air and gentle exercise as early as is proper, we allow the viscus to recover its natural bulk in its *proper* situation.

In Engorgement, or Induration,* either simple or scirrhus, of the whole organ or in part, without inflammation, I do not mean slight tenderness, for *that* is found in almost every morbid condition of the uterus, I *try* the pessary whenever the dragging, &c., becomes troublesome, and often with great benefit. In some of these cases, the diseased viscus descends almost to the external opening, and forms adhesions, so that, immediately upon passing the internal labiæ, the finger meets a mass of hard matter that has no resemblance to the neck or body of the womb. I have recently had a case of this kind in a lady eighty years of age. Four years since I found her nearly in this situation, and suffering from excessive dragging, with great pain in the back and stomach. After some difficulty, a pessary was retained with perfect relief. Within a few months of the present time, imagining she was permanently cured, she begged the removal of the internal support, but in a few weeks she reapplied to have it restored, her old sufferings having returned. By this time, the diseased mass had descended into and closed up the vagina so much, that a very small pessary required the aid of a bandage to retain it until it had made a lodgement for itself. This was effected in a few days, and then a larger one was used, and, in the fourth change, her old instrument was restored, since which time she has felt no inconvenience.

Another case has occurred to me, which not only proves the usefulness but the harmlessness of the pessary. A lady wished one removed that she had worn for twenty-eight years, which had never incommoded her, but she feared it might produce other diseases. She had been, during the whole time, free of the symptoms for which it had been applied. After some difficulty, an oblong hoop of rope was extracted, that, she said, was once covered with wax, but which was now incased in a hard shell of lime more than a line in thickness.

* Duparcque has so multiplied and, I may say, mystified uterine diseases, that it is impossible to draw intelligible *descriptive* lines between his various divisions; and as for exact clinical diagnosis, that is in many cases utterly in vain, nothing but autopsy will determine it. Neither is it very important in practice, for close inquiry, a fine touch, an experienced eye, and discriminating judgment will enable a physician to do his duty without a particular knowledge of such fine-drawn distinctions.

In less than a month, the lady desired to have another pessary introduced, as all her long-forgotten pains had returned. I found a prolapsed, shapeless, indurated mass almost immoveably fixed in the lower part of the vagina. A glass "flat" was applied, that restored her in one week to her former health.

There is a disease very common in our city, in which the uterus is not materially affected in its body, nor affords much indication of distemper, but there projects from its anterior or posterior surface, and firmly attached to it, an enlargement somewhat like half an egg, divided lengthwise. Sometimes there are several tumors. These are probably tuberculous masses springing from the outer uterine surface, as I have noticed them most frequently in women predisposed to such deposits in the lungs. These tumors are sometimes very tender, and all the appliances of *active* practice will fail to remove, entirely, the projection or its irritability. In several cases of this kind, where there was a slight prolapsus, after sufficient previous treatment, I found a soft pessary give no pain; and in a short time, although the tumors were not always removed, the tenderness was so materially lessened as to give no more uneasiness, and the general health became good. I have several times known pregnancy to occur in this variety of disease, and after the maternal enlargement had subsided, the original tumor was found about in the same condition as before, and requiring the same application to produce ease and good health. I have not considered the *constant presence* of the perforated flat pessary incompatible with conception, *that* condition having occurred several times within my own observation, and I have heard others make the same remark.

I have an unmarried patient at this moment, who had suffered for many months with aching pain in her feet and ankles to such a degree that she could hardly put her feet to the ground. She also had an irritable uterus, slightly depressed, and for which she had worn a pessary; but it produced so much inflammation that it was removed, although she acknowledged that it had relieved the dorsal and pedal distress. The latter affliction, however, soon returned with great violence, and the instrument was restored at her particular request, with an entire relief of the pain in her feet; and, thus far, no vaginal irritation has been reproduced. This inconvenience in the lower extremities, I presume, arose from pressure on the sacral nerves.

In anomalous pains of the back, abdomen, and pelvis, and even thorax, that are felt only in an upright position, and that do not appear to have a spinal or *any other* tangible origin, the pessary, even where there is no apparent prolapsus, will sometimes act like a charm. This may be called imagination in the patient, but its good results are too demonstrable to be concealed.

A constant predisposition to abortion I have known in several instances entirely removed by supporting the uterus until quickening: the temporary prolapsus, from the increased weight, and the consequent irritation, being thus prevented. Confinement for several months would, perhaps, have yielded the same result; but to most women, the former is the least disagreeable remedy.

A pessary used a few days previous to, and during the catamenia, has often relieved the great distress of dysmenorrhæa, and has in time effected a cure. Dr. Antony, Georgia, in the reply to Dr. Eve already alluded to, advocates the same practice.

Having now so particularly described cases suited to the pessary, it becomes

unnecessary to dwell upon those where its employment would be inadmissible; a few directions for its management will indicate sufficiently the circumstances *improper* for its application.

Under the impression that certain symptoms are always caused by prolapsus, and that for this lesion a mechanical support is indispensable, some physicians, without investigating the particular causes that may originate the distress, and the *exact* condition of the parts, have introduced a pessary themselves, or given it to the patient to use. In *every* case, even of simple prolapsus, it is absolutely necessary that the precise state and position of the organ be learned, in order that all irritation may be first removed, and that a suitable pessary may be selected; and then the physician should make the application himself.

CASE.—A respectable practitioner, after a very superficial examination for uterine disease, prescribed rest, leeching, &c. When he *supposed* the parts were prepared, he gave the lady several pessaries, of various shapes and sizes, that she might select one that *she* thought would suit her. After many unsuccessful attempts either to introduce at all, or retain one without excessive pain, she was informed by her attendant that nothing more could be done for her, and that *any* instrument would do her great harm. Upon being called, I found an indurated uterus firmly adhering very low in the vagina. All appearance of neck had disappeared, and the mouth was patulous with reflected lips. There was some tenderness upon hard pressure, and the bearing down pain in the stomach and back was excruciating. After a few days' rest, a small flat pessary was introduced, but it produced so much suffering that it was replaced in twenty-four hours by a small globe. This was in a short time changed for a larger one, which effectually relieved the bladder of pressure, and all pain disappeared, except during the catamenia, and after great fatigue. An enlargement and tenderness of the abdomen, that had long annoyed her and prevented her fastening her clothing was removed, and she feels so well, that I am frequently thanked for the relief, and which is almost always accompanied by some observation upon the unsuccessfulness of my predecessor.

To give, in a few words, what I would consider the circumstances properly adapted to the use of the pessary, I would say, that it should never be employed until perfect relief had been obtained in recumbency, even during a cough or sneeze, of all those painful symptoms that were believed to depend upon uterine disease: the principle of its operation being only to remove those distresses that are produced by an upright posture; and even *then* the organ must bear lifting on the finger, with the patient erect and coughing, without much pain being felt.

A smaller pessary than it is thought will be required for permanent use, should be introduced first; and if there has been previous irritation in the region, rest for a few days will allow the cavity to become accustomed to the presence of a foreign body, and then whatever change that may be considered necessary in its size or shape may be made.

I will merely remark, in closing, that the pessary has had its ultra-admirers, and its uncompromising contemners; and that, like many other remedial agents, both friends and enemies have been mistaken in its powers. It can be made of great service when correctly applied, and will produce equal injury when used without judgment, and I think that no man will discard it from his practice who has studied, without prejudice, the effects of its proper application.